



Patient Health Questionnaire GAD-7

Source: The items come from the GAD-7 items of the PHQ

References: Spitzer R.L., Kroenke K., Williams J.B.W., & Lowe, B. (2006). The GAD-7: A brief measure of assessing generalized anxiety disorder. *Arch of Intern Med*, 166, 1092-1097

Scale Description: The GAD-7 is a subset of the full PHQ. It has been shown to identify generalized anxiety disorder.

Scoring and Algorithm

Note: For each assessment, there is a scoring algorithm leading to one of three acuity ranges: Low, Moderate, or High
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Scoring and Algorithm

Each item is scored “Not at all,” “Several days” or “More than half the days.” The first question is a screen-out question followed by 6 additional questions.

Algorithm

Low Anxiety Symptoms = The first question is answered “Not at all.”

Moderate Anxiety Symptoms = The first question is answered “Several days” or “More than half the days” and one of the subsequent questions (b-g) are answered something other than “Not at all.”

High Anxiety Symptoms = The first question is answered “More than half the days” *and* three or more of the subsequent questions (b-g) are answered “More than half the days.”



PHQ GAD-7

Instructions: Answer each of the questions by selecting the answer that best describes how frequently you experience each problem described below.

Over the last 4 weeks, how often have you been bothered by any of the following problems?

- a. Feeling nervous, anxious, on edge, or worrying a lot about different things
- | | | |
|------------|--------------|-------------------------|
| Not at all | Several days | More than half the days |
|------------|--------------|-------------------------|

[If checked "Not at all" do not answer remaining questions]

- b. Feeling restless so that it is hard to sit still
- | | | |
|------------|--------------|-------------------------|
| Not at all | Several days | More than half the days |
|------------|--------------|-------------------------|

- c. Getting tired very easily
- | | | |
|------------|--------------|-------------------------|
| Not at all | Several days | More than half the days |
|------------|--------------|-------------------------|

- d. Muscle tension, aches, or soreness
- | | | |
|------------|--------------|-------------------------|
| Not at all | Several days | More than half the days |
|------------|--------------|-------------------------|

- e. Trouble falling asleep or staying asleep
- | | | |
|------------|--------------|-------------------------|
| Not at all | Several days | More than half the days |
|------------|--------------|-------------------------|

- f. Trouble concentrating on things, such as reading a book or watching TV
- | | | |
|------------|--------------|-------------------------|
| Not at all | Several days | More than half the days |
|------------|--------------|-------------------------|

- g. Becoming easily annoyed or irritable
- | | | |
|------------|--------------|-------------------------|
| Not at all | Several days | More than half the days |
|------------|--------------|-------------------------|

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